## F0000002663

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,,,,,
(Document Number)
Certified Copies Certificates of Status
•
Opening the state of the state
Special Instructions to Filing Officer:

Office Use Only



900063505099

01/13/06--01020--014 \*\*35.00

06 JAN 13 AH 11:30

15/1500 NA/100

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: The Suding Sevices, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 3 - 200 00 4 7

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melvely Lot TT
(Name of Contact Person)

Thouse Building Service, Fre
(Firm/Company)

400 Galleria Play Steville
(Address)

Allaha GA 30339

For further information concerning this matter, please call:

(Nante of Contact Person) at (770) 988 992 2 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of 120071.6 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The sculding Sevice, Inc., 2. The principal office address: 400 Galleria Parking Service, Service, Inc.,  White May 30339
3. The mailing address (if different):
4. Date of incorporation/(ualification: 12/06/00 Document number: B 2000 099
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:    Archie Camichael   5902 Satth Lagure Dy   6. The name and street address of the new registered agent (if changed) and or registered office (if changed):    David Famel   1800 Feerbook Orive, \$4.300     (P.O. Box NOT acceptable)   0.000 Mando Florida 32810
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board; or the corporation has been notified in writing of the change.  (Signature of an officer or director)  (Printed of typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent)  JANUARY 11, 2006  (Date)
(Signature of Registered Agent)  If signing on behalf of an entity:  (Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*